Key Terms

asylum institution created for the specific purpose of housing people with psychological disorders

aversive conditioning counterconditioning technique that pairs an unpleasant stimulant with an undesirable behavior

behavior therapy therapeutic orientation that employs principles of learning to help clients change undesirable behaviors

biomedical therapy treatment that involves medication and/or medical procedures to treat psychological disorders

cognitive therapy form of psychotherapy that focuses on how a person's thoughts lead to feelings of distress, with the aim of helping them change these irrational thoughts

cognitive-behavioral therapy form of psychotherapy that aims to change cognitive distortions and self-defeating behaviors

comorbid disorder individual who has two or more diagnoses, which often includes a substance abuse diagnosis and another psychiatric diagnosis, such as depression, bipolar disorder, or schizophrenia

confidentiality therapist cannot disclose confidential communications to any third party, unless mandated or permitted by law

counterconditioning classical conditioning therapeutic technique in which a client learns a new response to a stimulus that has previously elicited an undesirable behavior

couples therapy two people in an intimate relationship, such as husband and wife, who are having difficulties and are trying to resolve them with therapy

cultural competence therapist's understanding and attention to issues of race, culture, and ethnicity in providing treatment

deinstitutionalization process of closing large asylums and integrating people back into the community where they can be treated locally

dream analysis technique in psychoanalysis in which patients recall their dreams and the psychoanalyst interprets them to reveal unconscious desires or struggles

electroconvulsive therapy (ECT) type of biomedical therapy that involves using an electrical current to induce seizures in a person to help alleviate the effects of severe depression

exposure therapy counterconditioning technique in which a therapist seeks to treat a client's fear or anxiety by presenting the feared object or situation with the idea that the person will eventually get used to it

family therapy special form of group therapy consisting of one or more families

free association technique in psychoanalysis in which the patient says whatever comes to mind at the moment

group therapy treatment modality in which 5–10 people with the same issue or concern meet together with a trained clinician

humanistic therapy therapeutic orientation aimed at helping people become more self-aware and accepting of themselves

individual therapy treatment modality in which the client and clinician meet one-on-one

intake therapist's first meeting with the client in which the therapist gathers specific information to address the client's immediate needs

involuntary treatment therapy that is mandated by the courts or other systems

nondirective therapy therapeutic approach in which the therapist does not give advice or provide interpretations but helps the person identify conflicts and understand feelings

play therapy therapeutic process, often used with children, that employs toys to help them resolve psychological problems

psychoanalysis therapeutic orientation developed by Sigmund Freud that employs free association, dream analysis, and transference to uncover repressed feelings

psychotherapy (also, psychodynamic psychotherapy) psychological treatment that employs various methods to help someone overcome personal problems, or to attain personal growth

Rogerian (client-centered therapy) non-directive form of humanistic psychotherapy developed by Carl Rogers that emphasizes unconditional positive regard and self-acceptance

rational emotive therapy (RET) form of cognitive-behavioral therapy

relapse repeated drug use and/or alcohol use after a period of improvement from substance abuse

strategic family therapy therapist guides the therapy sessions and develops treatment plans for each family member for specific problems that can addressed in a short amount of time

structural family therapy therapist examines and discusses with the family the boundaries and structure of the family: who makes the rules, who sleeps in the bed with whom, how decisions are made, and what are the boundaries within the family

systematic desensitization form of exposure therapy used to treat phobias and anxiety disorders by exposing a person to the feared object or situation through a stimulus hierarchy

token economy controlled setting where individuals are reinforced for desirable behaviors with tokens (e.g., poker chip) that be exchanged for items or privileges

transference process in psychoanalysis in which the patient transfers all of the positive or negative emotions associated with the patient's other relationships to the psychoanalyst

unconditional positive regard fundamental acceptance of a person regardless of what they say or do; term associated with humanistic psychology

virtual reality exposure therapy uses a simulation rather than the actual feared object or situation to help people conquer their fears

voluntary treatment therapy that a person chooses to attend in order to obtain relief from her symptoms

Summary

This content is available for free at http://legacy.cnx.org/content/col11629/1.4

16.1 Mental Health Treatment: Past and Present

It was once believed that people with psychological disorders, or those exhibiting strange behavior, were possessed by demons. These people were forced to take part in exorcisms, were imprisoned, or executed. Later, asylums were built to house the mentally ill, but the patients received little to no treatment, and many of the methods used were cruel. Philippe Pinel and Dorothea Dix argued for more humane treatment of people with psychological disorders. In the mid-1960s, the deinstitutionalization movement gained support and asylums were closed, enabling people with mental illness to return home and receive treatment in their own communities. Some did go to their family homes, but many became homeless due to a lack of resources and support mechanisms.

Today, instead of asylums, there are psychiatric hospitals run by state governments and local community hospitals, with the emphasis on short-term stays. However, most people suffering from mental illness are not hospitalized. A person suffering symptoms could speak with a primary care physician, who most likely would refer him to someone who specializes in therapy. The person can receive outpatient mental health services from a variety of sources, including psychologists, psychiatrists, marriage and family therapists, school counselors, clinical social workers, and religious personnel. These therapy sessions would be covered through insurance, government funds, or private (self) pay.

16.2 Types of Treatment

Psychoanalysis was developed by Sigmund Freud. Freud's theory is that a person's psychological problems are the result of repressed impulses or childhood trauma. The goal of the therapist is to help a person uncover buried feelings by using techniques such as free association and dream analysis.

Play therapy is a psychodynamic therapy technique often used with children. The idea is that children play out their hopes, fantasies, and traumas, using dolls, stuffed animals, and sandbox figurines.

In behavior therapy, a therapist employs principles of learning from classical and operant conditioning to help clients change undesirable behaviors. Counterconditioning is a commonly used therapeutic technique in which a client learns a new response to a stimulus that has previously elicited an undesirable behavior via classical conditioning. Principles of operant conditioning can be applied to help people deal with a wide range of psychological problems. Token economy is an example of a popular operant conditioning technique.

Cognitive therapy is a technique that focuses on how thoughts lead to feelings of distress. The idea behind cognitive therapy is that how you think determines how you feel and act. Cognitive therapists help clients change dysfunctional thoughts in order to relieve distress. Cognitive-behavioral therapy explores how our thoughts affect our behavior. Cognitive-behavioral therapy aims to change cognitive distortions and self-defeating behaviors.

Humanistic therapy focuses on helping people achieve their potential. One form of humanistic therapy developed by Carl Rogers is known as client-centered or Rogerian therapy. Client-centered therapists use the techniques of active listening, unconditional positive regard, genuineness, and empathy to help clients become more accepting of themselves.

Often in combination with psychotherapy, people can be prescribed biologically based treatments such as psychotropic medications and/or other medical procedures such as electro-convulsive therapy.

16.3 Treatment Modalities

There are several modalities of treatment: individual therapy, group therapy, couples therapy, and family therapy are the most common. In an individual therapy session, a client works one-on-one with a trained therapist. In group therapy, usually 5–10 people meet with a trained group therapist to discuss a common issue (e.g., divorce, grief, eating disorders, substance abuse, or anger management). Couples therapy involves two people in an intimate relationship who are having difficulties and are trying to resolve them. The couple may be dating, partnered, engaged, or married. The therapist helps them resolve their problems as well as implement strategies that will lead to a healthier and happier relationship. Family

therapy is a special form of group therapy. The therapy group is made up of one or more families. The goal of this approach is to enhance the growth of each individual family member and the family as a whole.

16.4 Substance-Related and Addictive Disorders: A Special Case
Addiction is often viewed as a chronic disease that rewires the brain. This helps explain why relapse rates tend to be high, around 40%–60% (McLellan, Lewis, & O'Brien, & Kleber, 2000). The goal of treatment is to help an addict stop compulsive drug-seeking behaviors. Treatment usually includes behavioral therapy, which can take place individually or in a group setting. Treatment may also include medication. Sometimes a person has comorbid disorders, which usually means that they have a substance-related disorder diagnosis and another psychiatric diagnosis, such as depression, bipolar disorder, or schizophrenia. The best treatment would address both problems simultaneously.

16.5 The Sociocultural Model and Therapy Utilization
The sociocultural perspective looks at you, your behaviors, and your symptoms in the context of your culture and background. Clinicians using this approach integrate cultural and religious beliefs into the therapeutic process. Research has shown that ethnic minorities are less likely to access mental health services than their White middle-class American counterparts. Barriers to treatment include lack of insurance, transportation, and time; cultural views that mental illness is a stigma; fears about treatment; and language barriers.

Review Questions

1. Who of the following does not support the humane and improved treatment of mentally ill persons?
a. Philippe Pinel
b. medieval priests
c. Dorothea Dix
d. All of the above

2. The process of closing large asylums and providing for people to stay in the community to be treated locally is known as _____.
a. deinstitutionalization
b. exorcism
c. deactivation
d. decentralization

3. Joey was convicted of domestic violence. As part of his sentence, the judge has ordered that he attend therapy for anger management. This is considered _____ treatment.
a. involuntary
b. voluntary
c. forced
d. mandatory

4. Today, most people with psychological problems are not hospitalized. Typically they are only hospitalized if they _____.
a. have schizophrenia
b. have insurance
c. are an imminent threat to themselves or others
d. require therapy

5. The idea behind _____ is that how you think determines how you feel and act.
a. cognitive therapy
b. cognitive-behavioral therapy
c. behavior therapy
d. client-centered therapy

6. Mood stabilizers, such as lithium, are used to treat _____.
a. anxiety disorders
b. depression
c. bipolar disorder
d. ADHD

7. Clay is in a therapy session. The therapist asks him to relax and say whatever comes to his mind at the moment. This therapist is using _____, which is a technique of _____.
a. active listening; client-centered therapy
b. systematic desensitization; behavior therapy
c. transference; psychoanalysis
d. free association; psychoanalysis

This content is available for free at http://legacy.cnx.org/content/col11629/1.4

8. A treatment modality in which 5–10 people with the same issue or concern meet together with a trained clinician is known as _____.
a. family therapy
b. couples therapy
c. group therapy
d. self-help group

9. What happens during an intake?
a. The therapist gathers specific information to address the client's immediate needs such as the presenting problem, the client's support system, and insurance status. The therapist informs the client about confidentiality, fees, and what to expect in a therapy session.
b. The therapist guides what happens in the therapy session and designs a detailed approach to resolving each member's presenting problem.
c. The therapist meets with a couple to help them see how their individual backgrounds, beliefs, and actions are affecting their relationship.
d. The therapist examines and discusses with the family the boundaries and structure of the family: For example, who makes the rules, who sleeps in the bed with whom, and how decisions are made.

10. What is the minimum amount of time addicts should receive treatment if they are to achieve a desired outcome?
a. 3 months
b. 6 months
c. 9 months
d. 12 months

11. When an individual has two or more diagnoses, which often includes a substance-related diagnosis and another psychiatric diagnosis, this is known as _____.
a. bipolar disorder
b. comorbid disorder
c. codependency
d. bi-morbid disorder

12. John was drug-free for almost six months. Then he started hanging out with his addict friends, and he has now started abusing drugs again. This is an example of _____.
a. release
b. reversion
c. re-addiction
d. relapse

13. The sociocultural perspective looks at you, your behaviors, and your symptoms in the context of your _____.
a. education
b. socioeconomic status
c. culture and background
d. age

14. Which of the following was *not* listed as a barrier to mental health treatment?
a. fears about treatment
b. language
c. transportation
d. being a member of the ethnic majority

Critical Thinking Questions

15. People with psychological disorders have been treated poorly throughout history. Describe some efforts to improve treatment, include explanations for the success or lack thereof.

16. Usually someone is hospitalized only if they are an imminent threat to themselves or others. Describe a situation that might meet these criteria.

17. Imagine that you are a psychiatrist. Your patient, Pat, comes to you with the following symptoms: anxiety and feelings of sadness. Which therapeutic approach would you recommend and why?

18. Compare and contrast individual and group therapies.

19. You are conducting an intake assessment. Your client is a 45-year-old single, employed male with cocaine dependence. He failed a drug screen at work and is mandated to treatment by his employer if he

wants to keep his job. Your client admits that he needs help. Why would you recommend group therapy for him?

20. Lashawn is a 24-year-old African American female. For years she has been struggling with bulimia. She knows she has a problem, but she is not willing to seek mental health services. What are some reasons why she may be hesitant to get help?

Personal Application Questions

21. Do you think there is a stigma associated with mentally ill persons today? Why or why not?

22. What are some places in your community that offer mental health services? Would you feel comfortable seeking assistance at one of these facilities? Why or why not?

23. If you were to choose a therapist practicing one of the techniques presented in this section, which kind of therapist would you choose and why?

24. Your best friend tells you that she is concerned about her cousin. The cousin—a teenage girl—is constantly coming home after her curfew, and your friend suspects that she has been drinking. What treatment modality would you recommend to your friend and why?

25. What are some substance-related and addictive disorder treatment facilities in your community, and what types of services do they provide? Would you recommend any of them to a friend or family member with a substance abuse problem? Why or why not?

26. What is your attitude toward mental health treatment? Would you seek treatment if you were experiencing symptoms or having trouble functioning in your life? Why or why not? In what ways do you think your cultural and/or religious beliefs influence your attitude toward psychological intervention?

This content is available for free at http://legacy.cnx.org/content/col11629/1.4